



Discretionary Housing Payment Claim Form

A Discretionary Housing Payment is paid in addition to Housing Benefit. It is specifically for customers who need more help to cover their rent and housing costs.

They are generally for short term help only. The Council has a limited fund to use for these payments and will do its best to allocate these payments to the most appropriate cases throughout the year.

The information you give on this form will be used to decide whether you can be granted a Discretionary Housing Payment. You should answer all questions and provide proof of the items requested. When you have completed the form, you (and your partner if you have one), or someone acting on your behalf with your consent, should sign and date the declaration in Part 5 and return the form to the address given on page 10 as soon as possible.

Your personal information will be held and used in accordance with the Data Protection Act 1998. The Council will not disclose such information to any unauthorised person or body but where appropriate will use such information in carrying out its various functions and services. The Council may also use this data in connection with the prevention and detection of fraud or other crime; this may include data matching with government and credit reference agencies in order to protect public funds.

Use this section to tell us how much you think you need.

I wish to claim a Discretionary Housing Payment of

Is this to help meet a shortfall in your housing benefit payments ? Yes No

Is it a single payment you require, if so please state for what reason ?

Date of Issue	
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Claim number	
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Part 1 – Personal Details

Full name:

Partner's Name:

Address:

Contact Telephone Number:

Please tell us if this telephone number is:

Home Mobile Work

Email address:

Part 2 – Reasons why you are making this claim

Please tell us why you are applying for a Discretionary Housing Payment.

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Please use this space to tell us about anything you want us to take into consideration when making our decision.

Part 3 – Household Composition

Please confirm the details of everyone who lives in the property with you

Name	Relationship to you	Date of birth

Have you or a family member got any health problems or disabilities?
If you incur additional expenses due to health reasons, please state them here.

Do you or any member of your family who live with you, have any special needs or expenses which mean you have to spend more money than you would normally expect, e.g. special dietary foods for medical reasons, travelling expenses, etc?

Does anyone in your household have any special educational requirements?

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If you have had a previous Discretionary Housing Payment, what steps have you taken to improve your situation since your last application was granted? E.g. reduced outstanding debts or other outgoings? Found cheaper accommodation/downsized?

Have you had any change in your circumstances which you have either not advised the Benefit Section of or are you still waiting for your Housing Benefit claim to be determined?

Yes

No

If yes, please tell us about this below

Part 4 – Your Weekly / Monthly Income & Outgoings

Please give details of the weekly/monthly income of you and your partner (if you have one) and provide proof.

Your Income

Salary or Wages Include normal take-home pay. This means wages and salary after tax, national insurance and pension contributions. Only include overtime payments if you receive these on a regular basis	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Your salary or wages (take home)				
Other salary or wages				
Total Salary or Wages				

Other types of income				
Maintenance or child support				
Boarders or lodgers				
Non-dependants' contributions (Adult over 18)				
Student loans and grants				
Other income				
Total Other Income				

Your benefits and tax credits	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Jobseeker's Allowance (contribution based)				
Jobseeker's Allowance (income based)				
Income Support				
Universal Credit				
Working Tax Credit				
Child Tax Credit				
Child Benefit				
Employment and Support Allowance or Statutory Sick Pay				
Disability Living Allowance or Attendance Allowance				
Personal Independence Payment (PIP)				
Carer's Allowance				
Housing Benefit or Local Housing Allowance				
Housing Element from Universal Credit				
Council Tax Reduction				
Other (for example, Maternity Benefits)				
Other benefits or tax credits				
Total Benefits				

Your pensions	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
State Pensions				
Private or Work Pensions				
Pension Credit				
Other Pensions				
Total Pensions				

Capital	Claimant	Partner
Detail all bank accounts and amounts held.		

Details of any income received from your capital i.e. Dividends from shares	Claimant	Partner

Do you own any properties Please list the address of all properties owned either in the UK or outside the UK	Claimant	Partner

Please give details of the weekly/monthly spending of you and your partner (if you have one) and provide proof.

Your Outgoings

Essential spending Include all your household's outgoings	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Rent				
Ground rent and service charges				
Building and contents insurance				
Pension and life insurance				
Council tax				
Gas				
Electricity				
Water				
Other utilities (coal, oil, calor gas)				
TV licence				
Magistrates' or Sheriff court fines				
Maintenance or child support				
Hire purchase or conditional sale				
Childcare costs				
Adult-care costs				
Any other essential outgoings				
Total Essential Spending				

Travel	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Public transport (work, school, shopping and so on)				
Car insurance				
Road tax				
Fuel (petrol, diesel, oil)				
MOT and car maintenance				
Any other travel costs				
Total Travel Costs				

Housekeeping	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Food and milk				
Cleaning and toiletries				
Newspapers and magazines				
Laundry and dry cleaning				
Clothing and footwear				
Nappies and baby items				
Pet food				
Any other housekeeping costs				
Total Housekeeping Costs				

Phone	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Home phone				
Mobile phone				
Other phone costs				
Total Phone Costs				

Other Spending	Claimant Weekly amount	Claimant Monthly amount	Partner Weekly amount	Partner Monthly amount
Health costs (dentist, glasses, prescriptions, health insurance)				
Repairs, house maintenance, window cleaning and maintenance contracts				
Hairdressing or haircuts				
Cable, satellite and internet				
TV, video and other appliance rental				
School meals and meals at work				
Pocket money and school trips				
Hobbies, leisure or sport (including pub, outings and gym)				
Gifts (Christmas, birthdays, charity and so on)				
Vet bills and pet insurance				
List other spending not included elsewhere – do not include debt payments				
Any other spending				
Total other spending				

List any priority debts that you have and payments that you have agreed to make.

Your priority debts	Total you owe	Claimant Repayment offer	Partner Repayment offer
Rent arrears			
Magistrates' or Sheriff court fine arrears			
Council tax arrears			
Maintenance or child-support arrears			
Gas arrears			
Electricity arrears			
Other utilities arrears (coal, oil, calor gas)			
Hire-purchase or conditional-sale arrears			
Any other priority debts you are paying			
Total priority debt repayments			

Non-Priority Debts

For example, Credit Cards / Store Cards / HP / Loans etc

Your non-priority debts	Total you owe
Total owed to non-priority creditors	

Items of value	Value

Part 5 Declaration

WARNING: If you give false information, you may be prosecuted.

I declare that, as far as I know, the information I have given on this form is true and complete. I agree that Tonbridge & Malling Borough Council may check the information I have given. I agree to tell the Benefits Office of any change in my circumstances that may affect my Discretionary Housing Payment. I understand that I may be asked to attend the Civic Offices for an interview to discuss this claim.

Should I be overpaid I agree to repay any overpayment.

I agree to provide any additional evidence which may be required to support my claim.

Your signature

Your partner's signature

Date

Contact telephone number

If this form has been completed on the claimant's behalf, by an appointee or another person acting for the claimant i.e. relative, social worker, Housing Options Team, Citizens Advice Bureau, please sign below.

Signature of person completing this form

Name of person completing this form

Position / relationship

Contact telephone number

Please return this form within **four weeks** of the date of issue to:

Revenues & Benefits Office
Tonbridge & Malling Borough Council
Gibson Building,
Gibson Drive,
Kings Hill,
West Malling,
Kent, ME19 4LZ

Please remember to include all the documentation to support your request for an Discretionary HousingPayment, including your last two months bank statements.

If your email client doesn't automatically open when you click "Email form" button below, please save this form on your hard drive and email it to benefits@tmhc.gov.uk as an attachment.